



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TEAM WAIVER ROSTER, SDA & CONCUSSION

Team name _____ Head Coach _____

Gender/Division- Please circle each: Boys Girls / 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

Program participant must have their own insurance. ** The YMCA reserves the right to ask for proof of age/grade at any time for the duration of the season.
WAIVER AND RELEASE OF LIABILITY: In consideration of the participation of my child in YMCA Sports Programs, do hereby release and forever discharge the YMCA of the Inland Northwest, their affiliates, officers, directors, agents, employees, shareholders, and assigns from any and all claims, demands, causes of actions, suits, damages costs and expenses for any and all personal injuries, loss of time, pain and suffering or property damage arising out of or occurring in connection with my child's participation in this program administered by the YMCA of the Inland Northwest. I recognize and acknowledge my child's participation in the program is solely at my own risk. I acknowledge that my child's participation in the program may expose my child to risk of injury or possibly demise. I further understand that this Waiver and Release is absolute as to all claims, demands, causes or actions, suits, damages, costs and expenses which could occur while my child is participating in this program except those claims or demands arising out of gross negligence of the Owner or Managing Agent.
 I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS, AND VOLUNTARILY AND FREELY AGREE TO THE TERMS AND CONDITIONS SET FORTH. MY SIGNATURE BELOW ON THIS CBL WAIVER AND RELEASE OF LIABILITY REPRESENTS THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED ON THIS WAIVER AND RELEASE OF LIABILITY AND AGREE TO ALL TERMS SET FORTH WITHIN THIS WAIVER AND RELEASE OF LIABILITY. By signing below, I acknowledge that I have received and reviewed the Concussion Fact Sheet for Parents and Athletes created by the Centers for Disease Control. I have also review the Sudden Cardiac Arrest Information sheet. I understand that should my child be suspected of having a concussion, he/she will not be allowed to return to practice or games until the coach receives a written clearance from a person in the health care profession. As a Coach, by signing below, I acknowledge that I have received and reviewed the Concussion Fact Sheet for Coaches created by the Centers for Disease Control (CDC) as well as the Sudden Cardiac Arrest Information Sheet. I understand that should a child on my team be suspected of having a concussion, they will not be allowed to return to practice or games until they receive written, medical clearance.

Name	Email	Grade	School	Phone	T-shirt size	Jersey #	Parent Signature attesting to all information
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							



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Roster continued from previous page

Name	Email	Grade	School	Phone	T-shirt size	Jersey #	Parent Signature attesting to all information
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							